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CASE OF ALLEGED MAL-PRACTICE IN SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

A RESIDENT of Argyle, Washington County, N. Y., in December, 1844, had his limb caught by a falling tree, so as to produce a comminuted fracture of the tibia, and a simple fracture of the fibula, at a point about midway between the knee and ankle joints. How soon the physician who took charge of it, and against whom legal proceedings were commenced for alleged mal-practice, saw it, after the accident, I did not learn; but was informed by the physician himself, that he reduced the fracture, and dressed the limb with compresses, four splints, and bandage. The two lateral extended from the knee to the foot, and the anterior and posterior were somewhat shorter. That which rested upon the contused soft parts, and the comminuted, or detached fragment of the tibia, was removed the next day, in consequence of the existence of a high degree of inflammation, which it seemed to produce, or at least tended to keep up. The posterior and two lateral splints were used during the whole treatment while under the care of the attending physician, which was twelve weeks, as I was informed.

At the end of this period, the limb appeared to be doing so well, that the patient considered the services of the doctor no longer necessary; who, of course, took his leave of the case, though the patient had on the same splints and dressings which had been used in the treatment of the case, from the second day after the receipt of the injury. I was also informed that the patient, pretty soon after discharging the physician, began to use the limb, and that, in planting time, he was hobbling about in the fields, trying to work. From this time, up to about the middle of August, or perhaps later, nothing definite, either with respect to the condition of the limb, or the use to which the patient subjected it, could be learned. At all events, it was clear that the limb was not gaining strength and usefulness as fast as was desirable, or as usual; whereupon he submitted it to an examination of three or four of the neighboring physicians, who discovered that the fracture was not consolidated in the tibia. In short, preternatural motion was distinct and quite perceptible. I was also informed (but whether true or not, I cannot say, at least I should hope that no such declaration was made), that one of the physicians who examined the case, remarked, in the presence of the patient, that

"the attending physician ought to be ashamed of it ; and that he ought to pay him for a year's work."

On the 16th of September, 1845, the patient came to Albany, and put himself under my professional care from that date to the 29th of October. At that time the general shape and condition of the limb was as good as the average of cases in comminuted fracture, with the exception of a yielding of the tibia at the lower point of the detached fragment. In short, there was a tardy and fibrous re-union ; nothing, however, like an artificial joint.

I treated the case by blisters, iodine, compression, and firm and unyielding splints. While the patient was under my care, consolidation with bony deposit was evidently, though slowly, taking place, and I had no doubt, when the patient left me, but that, in time, a perfect bony union could be effected. The patient was either unable or unwilling longer to remain under my care.

In the spring of 1846, the doctor was sued for mal-practice ; but upon what testimony, or grounds of complaint, the plaintiff or his attorney rested for damages, I have never learned. The cause was to have been tried at the last October circuit court of Washington county ; and, on the part of the defence, I was subpoenaed to attend court at that time. It was the week of the commencement of lectures in our College ; and as I had just returned from attending court, for nearly a week, at Delaware County, on similar business, I peremptorily refused to obey the summons. The consequence was, that the physician deemed it prudent and expedient to swear the cause off, till the next term, which commenced its session on the 14th ultimo, at which time, on examining the limb of the patient, the bone was found perfectly consolidated, firm and strong, with but little thickening, or bulging, at the seat of the fracture, and not more than a finger's breadth shorter than the other limb.

After some of the medical witnesses had expressed a decided opinion to the plaintiff and his counsel, that he could not obtain a verdict against the physician, on the advice of the counsel the suit was discontinued, by agreement that each party should pay their own costs. The defendant was induced to accept such a proposition, even though he was morally certain, that if the cause had been carried to trial, the verdict would have been in his favor, rather than be obliged to pay the whole costs, as he would have been, because the plaintiff was not in possession of a dollar's worth of property, beyond that exempted by statute.

The doctor was prepared to show by witnesses and good authority, that the tardy union, in this instance, could be attributed to other causes than ignorance or negligence on his part. One of the best authorities, to which reference was had, was a paper written by Dr. George W. Norris, one of the Surgeons of the Pennsylvania Hospital, and published in the American Journal of Medical Sciences, New Series, Vol. III. Dr. Norris, in the introduction to his article, remarks, " Few subjects in surgery possess so much interest and importance, or have more justly exercised the pens of writers, than injuries to the bones, with their consequences ; and yet we find, at this day, many points in relation to them

demanding farther investigation. Of this kind is that state of the parts following upon a solution of continuity in the bony structure, termed ununited fracture; the causes, pathology, treatment, &c., of which, are all matters upon which indefinite ideas are held by the great mass of the practitioners."

Dr. Norris's paper is concise and clear; and yet sufficiently full, upon all important points, for all practical purposes. Tables of cases of fracture, from quite a number of authorities, and an analysis of them, are furnished, to show that non-union of fractured bones does not often occur; and yet oftener than one would infer, if he were to judge merely from a limited personal observation, or from the reported cases. In relation to this point, Dr. Norris remarks, "In surgery, unhappily, we are all too prone to silence in regard to our unfortunate cases, while it is rare that success after an operation at all out of the common course, is not made known." According to references introduced by Dr. Norris, one authority asserts, that non-union of fractures does not occur oftener than six or eight times in a thousand; and another says that it happens only five or six times in nearly four thousand cases.

I do not pretend that my field and opportunities for observation are anything like those of surgeons who have, for many years, been connected with large hospitals; and yet I think I can recall to mind some ten or twelve cases of fracture, where either a tardy union, or a fibro-ligamentous union, or a false joint, was the result. The first, fracture and non-union of the bones of the fore-arm, came under my observation about thirty years ago, while I was a pupil. The second was a perfectly-formed artificial joint, which existed in the humerus of a man, who had been a soldier in the army of our last war with Great Britain. In the third case, there was fracture of the bones of both legs below the knee. In one, bony union took place readily; but in the other, the tibia remained moveable for many months, and whether it ever became firm and consolidated, I never learned. The fourth case fell under my observation while I was connected with a medical school in Vermont. It was a fracture of the femur, just above the patella, which had been, for many months, treated for a dislocation. An attempt was made to effect bony union by pressure and splints; but whether successful or not, I cannot say. The fifth case happened to a laboring man, "a clay digger," who was caught under a mass of earth, and received a severe contusion of his shoulder, and fracture of the ulna near its middle. The pain and swelling seemed to be altogether confined to the humerus and shoulder-joint. In that situation no discoloration, or fracture, could be detected. In a short time the patient again resumed the use of his spade. After he had been engaged in this way for some time, he complained of weakness of the fore-arm, and on examination, a fracture of the ulna, and non-union, were discovered. Whether any treatment was adopted to effect union, and with what result, I know not. The sixth case was one in which there was a fracture of the radius and ulna in two places—one united, and the other did not. The seventh case might be called one of tardy union of the thigh. At the end of twelve or fourteen weeks, the bone yielded in

the seat of the fracture very freely. A starch bandage was applied, and I was informed that a cure was effected. Something over a year since I saw another case of what would be called tardy union of fracture of the tibia. At the end of three or four months no bony callus had formed. In about a year the fracture became firm. In the ninth case there was perfect pseudarthrosis of the femur, within two inches of the knee-joint, which had existed two or three years. Without the aid of something to stiffen the limb, the patient was unable to walk.

The tenth case occurred in my own practice, about a year and a half ago. The subject of it, in a drunken frolic, was thrown into deep snow, with one or two persons upon him, by which an oblique fracture of the tibia and fibula was produced. A sharp point of the tibia perforated the skin. The small wound, thus produced, healed by the first intention; though some ten days after, a moderate degree of suppuration took place over the extreme point of the bone; not, however, at the point where the skin was punctured. At the end of two months no bony callus had formed, though the patient had been kept quiet in bed. Blisters, iodine, compression, and firm dressings, constituted the subsequent mode of treatment for five or six months. At this time the patient again returned to his old habit of intoxication; and, of course, took himself out of my hands, with a fibro-ligamentous union of the tibia. I have not seen the patient for the last two or three months, so that I cannot now speak of the present condition of the limb.\*

The eleventh case is the subject of this report, whose history and result have already been given.

The twelfth and last case that I can now bring to mind, is a fracture of the femur, within an inch and a half of the patella, which occurred in the first week in May last, in my absence in attendance at the late National Medical Convention. It has been in charge of one of our best physicians and surgeons; and I have aided twice or three times in dressing it. The straight position, permanent extension, long splint, compresses and roller, constituted the plan of treatment; and yet, up to this date, no bony union has taken place.

It will be perceived that in the fourth, ninth and twelfth cases, there is a great similarity—all fractures of the lower part of the femur; and, in all probability, extending into the bursa, just above the patella, or into the cavity of the joint, which may have been one of the chief causes of non-union.

I might have mentioned, in connection with an account of the elbow mal-practice suit (the subject of my former communication), a curious coincidence. On returning from Delaware County, last September, in company with Mr. Tabor, the counsellor for the plaintiff, with mutual regrets that the suit could not have been tried, and on my part with almost a determination not to go again, a lad, about twelve years of age,

\* Since the above was written, I met with the patient upon the side walk, with one crutch, which seemed to be quite as necessary to preserve his equilibrium, as respected his body, as to supply the place of a defective limb. However, to show me that he could progress with his organs of locomotion, he lifted it, and hobbled off tolerably well.



came to my office within half an hour after my arrival, with what I considered to be a case of injury of the elbow-joint, of precisely the same kind as that of the "possee man." The boy was sliding down the banister of a long flight of stairs in our Exchange building, and, in some way, his arm passed between the rounds, while the weight of his body was brought to bear upon the joint, so as to produce a fracture of the external condyle of the humerus, and a posterior dislocation of the ulna. The nature of the injury was so susceptible of being demonstrated, and so interesting, as it related to the case under legal investigation—and with a view to furnish testimony which would do away with the necessity of my making another tedious journey to attend court again in Delaware county, I immediately sent for Mr. Tabor, before reducing and dressing the dislocation and fracture. After pointing out the several points of distortion to Mr. T., and the students in my office, I proceeded to reduce it, by grasping the fore-arm with one hand, and the lower part of the humerus with the other. *Forcible flexion*, conjoined with extension and counter-extension, readily brought the displaced parts into their proper position. A compress was applied to the fractured condyle and secured by a roller, and the limb kept, by a sling, in a position somewhat more than at a right angle. It has resulted in a very good cure. Flexion is perfect, and extension nearly so.

I know of no text-book in surgery, which mentions injuries of the description of these two cases; and yet the general principle is inculcated in all standard surgical works, of reducing the dislocation first, when dislocation and fracture co-exist.

Legal prosecutions for mal-practice in surgery occur so often, that even a respectable surgeon may well fear for the results of his surgical practice. We must confess, however, that too many ignorant and careless men get into the ranks of our profession, who are liable to commit errors, for the consequences of which, the law holds them responsible. This would seem to indicate the necessity of higher attainments in our profession.

In several instances I have known suits to be sustained against physicians and surgeons, for not reducing a dislocated joint; but very seldom for the mal-treatment of fractures. In the treatment of fractures more or less change from the normal condition is a natural consequence, whether treated in the most approved and successful mode or not. No such doubt or uncertainty need be the consequence of a dislocation. If a dislocation be overlooked, or not reduced, the charge of negligence or ignorance is much more likely to be sustained. As the people, or, at least, that class of persons who are most exposed to accidents, and the least responsible, either for the surgeon's bill for professional attendance, or for the costs of a suit for mal-practice, seem to require high surgical attainments, would it not be well, in obscure and doubtful cases, to divide the responsibility, by having the advice and assistance of the best surgeon that could be obtained. At all events, I would advise, that a physician or two, or one or two medical students, be invited to be present at the examination of the case; to hear the nature of it explained, and the probable prognosis; and to observe the course of treatment, as much as

practicable. The profession must *respect* and *protect* themselves, exercise a spirit of liberality towards each other, and, at the same time, not deprive the most humble and unfortunate sufferer of his rightful claims for justice at their hands.

ALDEN MARCH.

*Albany, N. Y., July, 1847.*

#### ETHEREAL INHALATION—MR. WELLS'S CLAIMS AS DISCOVERER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Every few days we have information, through your paper, of a new pamphlet, from one or the other of the claimants for ethereal notoriety in Boston, which is followed up by congratulatory notices from friends, who at last begin to draw their breath and thank their stars that the thing is settled in their favor. This is very pleasant for them—very. But we must beg leave to inform these gentlemen, that although Boston is quite a village, it is not the whole world; that some other places are entitled to consideration; and that so far from the claims of the gentlemen down East being conceded, there are few or none in Connecticut, who have studied the merits of the case, who do not give Mr. Wells all he demands. Messrs. Jackson and Morton have each written, or allowed to be written, a long pamphlet—you might almost say a volume—beginning with their infancy and ascending to the period of their immortal discovery. No doubt this will tend much to increase their reputation, when everything rests on *facts*, but would be peculiarly mortifying if the succeeding facts should prove no facts, or not strong enough to establish their claim to immortality. It would seem as if they had counted upon this before proving their title to it. The length of the pamphlets and labored arguments are no great evidence of right now-a-days. Wells is a little more modest; he leaves to posterity to inquire where he was born; but his pamphlet is brief, explicit, comes exactly to the point, and demolishes his antagonists with the blows of a trip hammer. Messrs. J. and M. have done one good thing: like the Kilkenny cats, they have swallowed each other, and nothing remains but their *TALES*. Dr. Jackson has shown conclusively that Mr. Morton got all his information from him, and that he (J.) took all the responsibility, &c.; while Mr. Morton has proved, in an equally clear manner, that in 1846, while he (M.) was experimenting with ether, Dr. Jackson knew nothing about its specific effect, and that he considered ether in his (M.'s) hands as much a humbug, as he had two years before nitrous oxide in the hands of Mr. Wells. As they have pretty effectually silenced each other, there is a little opportunity for Mr. Wells, who has been very quietly waiting, to be heard again, knowing that truth would at last come to light. The two champions have killed each other, and he will now strip off their spoils. Mr. Morton seems to have been badly used by his antagonist; but has behaved, on the whole, pretty well. There is no shirk about him, and he boldly stands up to his dates. He does not pretend to claim earlier than 1846, and this is a strong argument in favor of his honesty. But the evidence

is irresistible that he was anticipated, not so much as respects the use of ether (though that is true), but in the use of gas in surgical operations, which is the real point.

The questions to settle, then, are these. Did Dr. Jackson discover this use of ether before Wells discovered the value of nitric oxide gas? Again, is the discoverer of the use of nitrous oxide entitled to the honors claimed? Did, then, Dr. Jackson discover the use of ether for the relief of pain in surgical operations as early as 1842? I answer, it is very doubtful whether he did; it is evident, to my mind, that the whole thing was an after-thought. It is not improbable that after breathing chlorine gas, he inhaled that of ether, just as a man would thrust a burnt hand into the nearest water, muddy or not. He states that he inhaled for the purpose of producing a *chemical change*. Finding relief, how did he not know but that his supposition was right, and that the relief *was* owing to chemical action on the chlorine? Would this be likely to suggest its use to relieve the pain of a cutting instrument? Is any chemical action to take place upon the knife? Dr. Jackson evidently looked for relief from chemical action, if he had time to think at all. If it came, why would he not be satisfied with his explanation; that he was, is evident from what afterwards occurred in a similar case with Mr. Channing. Dr. Jackson may have *conversed* upon the anodyne properties of ether, just as every physician has done; may have made crude suggestions, to which he attached no importance himself, nor any one else, for ether has been used internally by vapor and in the liquid form, for many years, to allay pain or calm the system; but this gives him, no more than any other one, the right of claiming the peculiar effects of ether, now under consideration, as a discovery of his own. It is evident that Dr. Jackson knew nothing of this specific application earlier than 1846, else why does he pronounce it "a humbug, and it is reckless in Morton to use it as he does." Again, he tells Wells, in 1844, that he considered the use of nitrous oxide "a humbug;" why so, if he had found ether so useful two years before, and had not tried the former? Does this bespeak the philosopher? It is evident, therefore, that he knew nothing of the surgical application of either of these before the conversation with Wells in 1844. We must, therefore, look upon Mr. Bemis's statement as probably an error, and that he was mistaken as to the import of Dr. Jackson's language. This easily might be, as a long time had elapsed, and Dr. Jackson had no cases by which to substantiate the value of his suggestion, or impress it upon the mind of Mr. Bemis. Is it not surprising, that having hit upon the idea, he communicated it only to Mr. Bemis, and that, too, in a very obscure manner? The advice to Mr. Channing to use ether, was undoubtedly with the expectation of chemical change, as stated above, as Mr. C. had just inhaled chlorine gas. That Dr. J. suggested the use of ether for relief of pain in surgical cases to him, rests on evidence too weak to be entitled to any consideration, especially as it is opposed, point blank, by Dr. Jackson's declarations afterwards.

Why were the Boston gentlemen so careful to say nothing about Mr. Wells in their first articles? The truth is now manifest, and admitted in

Boston, that the *first* application of *any* gas or vapor successfully for the relief of pain in operations, was by Mr. Wells. Dr. Jackson has never denied this, and such silence is a strong evidence of endeavoring to conceal him from the public, trusting to great names as a defence. This subject of nitrous oxide is evidently a very ticklish one, and Morton and Jackson both keep as far from it as possible. Dr. J. condescends to turn up his nose at it in his pamphlet, and considers it of little value; but that statement remains to be proved. When anything is said on the subject, Dr. Jackson is careful always to put in the word ether; when Wells cites his conversation with Dr. J., the doctor replies, "I wish you to state, in my behalf, to Mr. Dixon, that Mr. Wells never said a word to me about the use of sulphuric or other ether vapor, nor ever mentioned the word 'ether' in my presence." Dr. Jackson here in a manner admits the conversation, but quibbles, as it appears to me, about the word "ether," which is of little importance. He does not deny that Mr. Wells spoke about *nitric oxide gas*, the real point in dispute; for here was where the idea was communicated, and here where the doctor thought the use of any such thing a "humbug;" an opinion he evidently held long after, until Mr. Morton had demonstrated the value of ether, as Mr. Warren has conclusively shown in his very pithy pamphlet. Has there not been a little disingenuousness, on the part of Dr. J., in thus withholding a part of the truth?

Dr. J. again endeavors to establish his claim, by showing that Wells's discovery was valueless. Even if he had proved this, which he has not, he cannot show but that the use of the one *suggested* the other; but he is entirely mistaken in the premises. My own belief is, that too favorable an opinion has been formed respecting the use of ether. I have seen and known of its failing or proving dangerous so often, that it appears to me warrantable to use it only exceptionally, and in very bad cases. This remark *may* also apply to the nitrous oxide, but so far as experiments have been made with a well-prepared gas, it has operated equally well with ether, and is, I think, the least dangerous of the two. As to its causing dangerous excitement, irregular action, and being unmanageable, it is no more true of this than of ether, and patients sit quite as tranquil under its operation. An error in the minds of surgeons consists in their supposing a *sedative* effect desirable, and ether appears to produce this more so than the nitrous oxide. So far from this being the physiological condition desired, we wish to exalt the nervous system above the depressing effect of pain, and thus counteract the specific action of the system, called pain. This is the reason why I referred to it in 1845, in the following sentence, speaking of the physiological state of the system referred to. "The nitrous oxide gas has been used in quite a number of cases by our dentists, during the extraction of teeth, and has been found, by its excitement, perfectly to destroy pain, the patients appearing very merry during the operation, and no unpleasant effects follow." This was in June, 1845. The article is headed, "On the Modus Operandi of Medicines," and appeared in the Boston Journal. Why, upon the publication of this, does not Dr. Jackson

lay claim to a *more* important discovery? Had he made it at this time? I rather think not. In all the experiments at Hartford, the nitrous oxide has been quite as successful as ether, if not more so, though it has not been tried in any capital cases. I had thought of applying it to larger operations than those of dentistry, soon after Mr. Wells made the discovery, but having no opportunities for hospital experiments, did not; and it was for this reason Mr. Wells visited Boston, where there was a better field for a fair trial. The thing did not meet with favor in Boston, though clearly presented. It would probably have been otherwise had Mr. Wells laid his case before the faculty in New York.

The following gives us a concise summing up of all the testimony. It is conceded that Mr. Wells used nitrous oxide as early as 1844. Mr. Morton uses ether in 1846; but why does he? Because he went to Dr. Jackson for the prot. ox. nitrogen, and the doctor gave him ether. Why does a *dentist* in Boston try to get this gas? Because a brother dentist in Hartford had told him, two years before, that it would prevent pain in extracting teeth. Why does Dr. Jackson substitute something else? Because he thought neither worth a pin, but that being similar, ether was just as likely to be useful as the other, and much less troublesome to prepare. Morton goes off and tries this, thinks he has made a discovery, and neither Jackson nor Morton know which of the two most entitled to it, while both must refer to Wells as the true suggester of the idea which Morton carried out. Wells's experiment with ether proved it not more successful than the gas, and much more disagreeable in its effects; therefore he preferred the latter. This does not militate against his title, even though the ether should prove best. All discoveries have been improved upon, and it would be surprising that one person should discover and perfect a thing like this. Mr. W. establishes fully his claims respecting the gas; he could easily afford to give the ether to the Boston gentlemen, without weakening his claims to the honor belonging to the true discoverer of the destroyer of pain, since the two agents are so perfectly alike in their effects that one would necessarily suggest the other, as happened to Mr. Wells himself. Thus Mr. Wells's claims stand out clear and explicit, depending not on the feeble memory of any man, but fully established by a printed document as early as 1845. He relies not on dreams and visions of the past, or disjointed suggestions of fancy, but on solid facts and demonstration, experiments first begun on himself and faithfully carried out by others in this city.

Against these we have arrayed Mr. Morton's statement that he used ether in 1846, two years after, and this proved to be done in carrying out Wells's idea, which he did successfully with an agent Wells had tried but pronounced inferior. Dr. Jackson goes back to 1842, but in so obscure a manner that it is evident he is groping in the dark, and his last hope is completely destroyed by the testimony of others, who prove him ignorant of this very thing at a much later date. Morton's pamphlet extinguishes him.

A careful perusal of the testimony of the Boston claimants leads to the following conclusion; and as it is just what Mr. Wells first supposed

was the case, it is undoubtedly true. A lady calls on Mr. Morton to have a tooth extracted, and a complete set of teeth inserted, but has not the courage to submit to the preliminary step. This being too good a job to lose, Mr. M. refers her to Mr. Wells's discovery, and she consents to have the tooth out under the influence of the gas. Mr. Morton then calls on Dr. J. and requests the loan of a bag, that he may make the patient inhale common air under the belief that it is the nitrous oxide, operating on her imagination at least long enough to allow him to get a good hold. Dr. J. dissuades him from deceiving the patient. Mr. M. then requests some of the gas that Mr. Wells used. Dr. J. says it is too troublesome to prepare, and that ether is just as good. This is the sum and substance of the Boston witnesses; and out of such materials has this case been built up. I leave it with any candid man, without fear, to pronounce a decision.

It may be well enough, in closing, to say a word or two respecting the letter addressed to Mr. M. by Mr. W., which the Boston folks think so much of. It seems that Mr. Morton wrote Wells that he had made a discovery of a *compound, perfectly manageable, never failing*, and that the patient remained quiet *as long as the operator desired*, and inviting Wells to come on and help get the thing going. Wells wrote back that *if the compound* produced these effects, then it was invaluable, not claiming that his own discovery was infallible. Wells went on, and found Morton using no *compound*, but the very thing he had himself tried and found of less value, and proving unsuccessful much oftener in Morton's hands than the nitrous oxide had in his own, three out of four cases failing. He left Mr. Morton, being fully satisfied that he had no claim either to priority or as introducing a better agent. This is the plain statement as respects the letter, which, when understood, strengthens Wells's cause, for Morton would not have written to him had he not been connected with the business in some shape before. This letter was written to Wells two years after it is proved that Wells went to Boston and announced his discovery. Moreover, what are we to think of Morton's statement of a *compound*? Would it not at once indicate that some *simple* agent had been successful with Wells before, and would it not also prove a desire to conceal something which, if known, would have invalidated his whole claim? This appears almost self-evident. Had something not been revealed to Morton, he never would have written about his *compound*, for it was not true, nor otherwise necessary; he would have simply stated his discovery of a peculiar agent.

I have not intended to say anything respecting the motives of the Boston gentlemen; they may be perfectly honest, but are most certainly self-deceived, to say the least, and I have felt it a duty due Mr. Wells and all whom it may concern, as far as possible, to point out where the mistake has originated, or at least where has been the departure from the truth, which I have done in as forbearing a spirit as possible, being willing rather to consider the gentlemen self-deceived than wishing to deceive others.

P. W. ELLSWORTH.

Hartford, Conn., July 20, 1847.

## CASE OF INFLAMMATION, WITH OBSTRUCTION OF THE BOWELS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. ISAAC S., of Poultney, Vt., aged 50, was taken on the 9th ult., with pain in the bowels. I saw him for the first time on the afternoon of the 10th. Found the pulse 90, full and strong. The tongue covered with a white fur; abdomen slightly tympanitic, with obscure tenderness about the umbilicus, extending to the right side. The history of the case discovered that there had been colic pains, with great difficulty of producing free discharges from the bowels, for some months previous. Bled the patient one and a half pounds, and prescribed ten grains calomel with fifteen grains jalap, to be followed by enema ol. pim., ol. ricini and milk, if necessary. Saw the patient the next morning. Cathartic and enema had produced no effect. Tympanitis and tenderness increased. Pulse 100, but less strength. Pain severe and constant. Prescribed twenty grains calomel and two grains opium, to be followed in two hours by cathartic of ol. pim.,  $\mathfrak{z}$  ij.; ol. ricini,  $\mathfrak{z}$  ij.; molasses,  $\mathfrak{z}$  ij. Visited the patient again in the afternoon. Cathartic had not taken effect. All the symptoms aggravated. As the pulse was again strong, the patient was bled one pound. The tympanitis was the greatest I ever saw; not the slightest perceptible yielding could be produced by any amount of pressure. The parietes of the abdomen were as firm as the cranium, and the volume from two to three times the natural size. Considering the case hopeless unless an evacuation could be procured, I sent for croton oil, and in the meantime placed the patient in a warm bath, and administered another injection, but without the desired effect. No evacuation from the bowels was obtained, though the enema was repeated, and stimulating liniment rubbed upon the abdomen. But the system was relaxed to an alarming degree. The pulse sunk, a clammy sweat broke out, stupor, insensibility to pain, &c., so that stimulus was immediately and indispensably necessary to revive the flagging powers of the system. When re-action had taken place, six drops of croton oil were given by the mouth, and the rectum kept distended by warm-water enemata. After waiting two hours, five drops more of croton oil were administered, and the warm-water enemata continued. During this time the patient remained in a comatose state, with a constant tendency to collapse. An hour after the last dose of croton oil, a slight fecal discharge was obtained, mixed with corn hulls which had been eaten five days previously. No more passages taking place, five drops croton oil were given, and the warm-water injections repeated and continued till morning, when several evacuations were obtained, with alleviation of the tympanitis and other urgent symptoms.

The subsequent treatment consisted in alterative doses of calomel, followed at proper intervals by laxatives and small doses of oil of pim. This, with blistering, removed the tympanitis and inflammation, so that the patient was restored to a healthier state than previous to the attack.

I consider croton oil the effectual remedy in the case which has been detailed; and had I a similar case to treat again, I would resort earlier to



the use of this remedy, aiding it by large enemata of warm water. So far as my experience goes, the croton oil is by far the safest and most effectual remedy within our reach in this and similar cases, and its use should not be delayed till the case is beyond hope.

West Poutney, Vt., July 16th, 1847.

WM. H. MILLER.

#### ECLECTIC MEDICAL INSTITUTE OF CINCINNATI—NEUROLOGY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The allusions which you have occasionally made to "Dr. Buchanan," and to the "Eclectic Medical Institute," of Cincinnati, render it my duty to send you a few lines for publication, with the view of imparting correct information upon these subjects to your readers.

The Eclectic Medical Institute, of Cincinnati, is a new medical college, of seven professorships, which are filled by gentlemen who have sufficient reputation as medical teachers (especially among those who have enjoyed the advantages of their lectures), to insure the prosperity of the Institute. The friends of this College believe and assert that, in various important points, its merits as a school of *practical* and *philosophical* medicine are not surpassed in America or Europe. Its opponents, who are unacquainted with its characteristics, except from rumor, and who have rival interests at state, not only deny its claims, but misrepresent its principles and practice. A professor in the Ohio Medical College even intimated, in a public lecture, that anatomy was neglected or but partially taught in the Institute. The truth, however, is, that the study of anatomy has been prosecuted with remarkable zeal—the supply of *materiel* has been *abundant*, and the proficiency of the class was a matter of honorable pride to the professor of anatomy, who frequently expressed a desire that medical visitors might be present at his regular examinations.

It is not the design of the Institute to lower the standard of medical education. On the contrary, it has been the wish of the Faculty to do something for its elevation, and especially to establish annual prizes or medals (as a reward of accurate and extensive attainments) open to a free competition to all under-graduates in medicine, of any school whatever. They are confident that their own students will not shrink from this test, nor fail in trial to vindicate the reputation of their teachers. The trial by public *concours* is the best method of elevating the standard of attainments, both with students and professors. In this matter we are ready either to co-operate with others, or to establish the prizes at our own expense.

If among our immediate neighbors and interested opponents a jealous and illiberal spirit should be shown as above mentioned, we are not surprised, as *we know the men*, but we are too well satisfied with the strength of our position, and the certainty of our success, to be much annoyed, even by the most virulent and ungenerous opposition. Envy, malice and mis-

representation, so often follow an independent and *successful* career, that we expect them as a matter of course.

The building which we have erected is a very respectable edifice at present, and when completed, according to our plan, will be one of the most imposing edifices of the Queen city. As this has all been accomplished in a short time by the Faculty, who, without endowment or governmental assistance, have provided everything *necessary* to efficient instruction in a medical college, it need not be doubted that the same devoted energy will sustain them through the enterprise, in establishing an institution of the highest order.

Our practical and philosophical doctrines are materially different from those of the old school in medicine, but we believe that we differ mainly by being in advance, and occupying that ground at present which the whole profession must shortly occupy, and to which indeed they are at present approaching. We feel no doubt that we are in the right; we have no difficulty in convincing those who hear us, and we should be extremely gratified to have our improvements critically tested in a public and authentic manner, in hospital practice. The public are becoming well aware of the existence of these improvements (not by noise and puffing, but by witnessing their effects), and have consequently kept the Faculty too laboriously engaged in professional duties to admit of their doing themselves justice by systematic works, or even medical essays.

One of the Faculty you mention as an "indomitable lecturer upon the shadow of a shadow." Your description may be true, if his subjects, "Physiology and the Institutes of Medicine," are to be classed among the shadows of medical science. But if your allusion aims at his lectures upon *NEUROLOGY*, let me remark that unless phrenology be a mere shadow, your description cannot be appropriate. The science of neurology includes the most extensive and practical system of phrenology, which has ever been presented to the world—one by which we may learn the mental character of an individual with far greater precision than was ever before practicable, and by which we may ascertain, from the craniological development, the physiological peculiarities of the whole man; the relative power and activity of the lungs, brain, stomach, liver, heart, muscles, &c., and their natural pathological tendencies. How intensely interesting does this render the study of craniology, in connection with pathology. The cerebral conformation of every patient throws a remarkable light upon the history of his diseases, and gives one a knowledge of his constitution which in many cases might be otherwise unattainable. When I have been able, in a class of eighty gentlemen, to point out and describe, in a satisfactory manner, the peculiar development and functional action of the lungs of each by a hasty examination of the head, such knowledge does not appear to me very *shadowy*. The new system of phrenology, moreover, removes many rational objections which were made by anatomists and metaphysicians to the Gallian system, and has proved extremely satisfactory to those who have heretofore regarded phrenology with an impartial and critical eye.

When you are so careless as to say that an accurate and elaborate

craniological and physiological science is "*the same old sixpence*" as mesmerism, I can devise no better excuse for the remark than to suppose that you aimed, by this idle *bagatelle*, not to *assert*, but to *elicit* the truth in the form of a reply. If you have never learned that neurology is a systematic ANTHROPOLOGY, and the only anthropology before the world, which even *professes* to develop the whole constitution of man—that it gives the only explanation which has ever been made of the physiological relations of the different portions of the brain to the various organs of the body—if you were not aware of this, it certainly was not the fault of the author. Perhaps, when he brings forth a work now in preparation, you will be able to give a more faithful account of the science.

Very respectfully yours, J. R. BUCHANAN.

Cincinnati, July 14, 1847.

#### FLORIDA HOTEL FOR INVALIDS.

[GEN. DEARBORN, the Mayor of Roxbury, having received the following note from his friend at Portland, has kindly placed it at the disposal of the Journal. The subject of which it treats is one of special interest, and merits the consideration of medical men and others. We published a letter from Dr. Wurdemann, a few weeks since, on the same subject.]

Sir,—As regards the matter of establishing a Hotel, or winter Saratoga, at Lake Munroe, in Florida, for the accommodation and benefit of invalids, or others that may be equally attracted there, to escape the rigors of our winters, we may safely venture to affirm, that there has rarely been a discovery so replete with good, and so beneficial to our communities of the North, as the discovery of this sanatory retreat in Florida. Reasoning from the best of authority, a winter climate has been found in that region to surpass that of Italy or Cuba. And when we take into consideration that it is within the limits of our Union, with all the facilities and ready modes of conveyance to those parts, its value is greatly enhanced.

Without descending upon the causes why, it is an undeniable fact that we are a dyspeptic nation. And as dyspepsia induces scrofula, so scrofula generates consumption; and thus we so often see lingering on the verge of our northern winters, the pallid features and sunken eye of the invalid. Others of predisposed and delicate constitutions shrink from the cold blast, and retire, with depression of spirits and obtuseness of intellect, to their closed apartments, with pensive feelings; to brood over their miseries. The expensive, long and tedious voyages to Italy, Madeira and Cuba, so often made by our countrymen, give rise to the observation, that there is probably no people, on the face of the earth, that has felt the want of a contiguous sanatory retreat, so much as our pulmonary patients. Here the ties of consanguinity can be gratified; and the anxious friend and near relative can be conveyed, by the rapidity of steam, in the short space of six or seven days, from almost any part of our country, to the bed-side of the patient, should fortuitous circumstances demand this gratification.

It is well known to every scientific physician that there is no greater agent in the cure and relief of tubercular consumption and diseases of the respiratory organs, than that of a mild, temperate and appropriate climate in the Tropics. In fact, I have witnessed cases of pulmonary disease, with caverns in the lung from tuberculous softening, where, in concurrent opinion with some of the most intelligent physicians of our country, we could not suppose the patient would exist three weeks, cured by a nine months' residence in the Tropics.

Through the efficient instrumentality of your enterprising citizens, a house, with suitable accommodations, could be erected that would pay a handsome profit, besides benefiting our community, and the various invalids who would flock to it from every part of our widely-extended country. I trust that this enterprise will arrest the attention of our medical profession, whose zeal and interest in support of this desirable object would greatly accelerate the enterprise and consummate the wishes of many. Three institutions, on the peninsula of Florida, are needed for our national benefit; viz., a botanical garden, an agricultural college, and a hotel for invalids. With great esteem, I am very respectfully yours,

Portland, July 27, 1847.

AUGUSTUS MITCHELL, M.D.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 4, 1847.

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*Assurance against Sickness.*—With the multiplication of hospitals, dispensaries and charities of all descriptions, and the onward and upward march of pure medical science, all of which contemplate the alleviation of human sufferings, there have grown into notice, and favor, too, institutions for providing families with the necessities of life, when the strong arm on which a wife and children placed their whole dependence for daily bread, is weakened, and the willing heart is overcome with the assaults of disease. No associations are of more real importance to mankind, than those which, regarding society in health, make provision for sustaining it in that state; or, when health is taken away from individuals, secure to them the quiet possession of the necessities of life, whilst unable to procure them by personal exertion. It is a true system of philanthropy that seeks the happiness of the members of a community by pointing out the method through which each one can be the architect of his own independence, as well as his own worldly happiness. This desideratum has been accomplished, in a good degree, by the organization of health insurance companies. They are new with us, in this section of the union; but being held in high estimation in England, where their working has met the cordial approval of men of profound skill in the science of domestic economy, their establishment here involves no uncertainties. The laws upon which they are founded, are reduced to a degree of certainty, in regard to the statistics of liability to sickness. The tables by which the rates of payment are made to the insured, according to the age of the applicant, are

exceedingly curious, and gain upon our confidence in proportion to the care bestowed while investigating the principles upon which they are constructed. Without descending into fatiguing particulars, we feel bound to call the attention of medical gentlemen throughout the country to the immense importance of the subject. There is an office in Tremont street, where by the payment of from four dollars seventy-five cents to nine dollars fifty cents, a man, from 25 to 52 years of age, may draw weekly from four to six dollars, when an invalid. Besides the great benefit to the insured, there would be no complaint by the physician of poor practice by loss of bills, were the custom a general one, as it should be, of being fully insured.

A scheme so admirable as this, and, withal, so strictly economical, addresses itself at once to the understanding; and we hope, therefore, that the benefits of that excellent institution, the Massachusetts Health Insurance Company, may be appreciated by the intelligent people of New England.

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*Sydenham Society.*—A report of the fifth general meeting of the Sydenham Society, in London, May, 1847, brings to recollection the claims of the association. Something more should be done in the United States, in aid of the commendable efforts of the gentlemen composing the Society to revive and circulate standard works of great authors on medicine in by-gone ages. This is really its principal object, and hence the volumes which have thus far appeared under their auspices, were exceeding rare, and hardly to be found except in public libraries—not always accessible to those who would be most desirous of consulting them. From the catalogue of subscribers, it seems that the patronage from this country has by no means equalled a just expectation. The subscription is about five dollars a year, for which a return is made in choice re-publications, not to be procured in any other way. By the following schedule it will be seen that there has been a commendable activity manifested by the directors. The value of this select library will be continually increasing, as the operations of the Society progress. Dr. Salter, Staniford street, Boston, is the local Secretary of New England, to whom the profession is referred with confidence for full explanations and for specimens of the Society's publications. The following is a list of the works already issued by the Society.

For the first year, 1843-4.—“Hecker's Epidemics of the Middle Ages,” one Vol., 8vo, pp. 380; “Louis on Phthisis,” one Vol., 8vo, pp. 571; “Th. Sydenham Opera Omnia,” one Vol., 8vo, pp. 668.

For the second year, 1844-5.—“The Seven Books of Paulus Ægineta, Vol. I,” pp. 683; “Observations on Aneurism,” one Vol., 8vo, pp. 524; “Simon's Animal Chemistry, Vol. I,” 8vo, pp. 360, plate.

For the third year, 1845-6.—“Simon's Animal Chemistry, Vol. II,” 8vo, pp. 560, 2 plates; “Paulus Ægineta, Vol. II,” 8vo, pp. 511; “Hasse's Pathology,” 8vo, pp. 400.

For the fourth year, 1846-7.—“The Works of W. Hewson,” complete in one vol., 8vo, pp. 360-56, portrait, and 8 plates; “Dupuytren's Lectures on Diseases and Injuries of the Bones,” one Vol., 8vo, pp. 459; “The Works of W. Harvey, M.D.,” complete in one Vol., 8vo, pp. 624-98.

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*Medical Publications in Philadelphia.*—Every one familiar with the operations of the medical press knows very well that Philadelphia bears

away the palm from every other place in the United States, with respect to activity and extent in the publishing of medical works. The discrimination of the great publishers there, in selecting works that rarely fail of being well received, has very much contributed to increase the importance of their trade. Although excellent editions of standard medical books are sent forth from New York and Boston, Philadelphia has monopolized the business, a fact that is tacitly acknowledged by the profession, since it is the place from whence most of the new, and certainly a majority of the voluminous, costly American publications on medicine and surgery have their typographical origin. With increasing patronage, and the favorable disposition of medical authors to bring out their productions at a point highly favorable to a speedy circulation over the reading world, it is probable that medical printing is still in its infancy there, though there can be little doubt, that, in the hands of enterprising publishers in other cities, the business in them will proportionally increase. These reflections were called up while looking over the catalogue of Messrs. Grigg, Elliot & Co., of Philadelphia, and by a recollection, also, of the vast number of medical title pages, bearing the imprint of Messrs. Lea & Blanchard, Barrington & Haswell, &c., names intimately associated with the progress of all the sciences in this country.

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*Medical Graduation in Africa.*—From the "Spirit of Missions," the following account is extracted, of the process of manufacturing a native medicine, or doctor, at the Taboo Station. The individual who is a candidate for this distinction, "is first seized with a violent shaking, or ague, all over. In this condition he continues at intervals for several months. In the mean time he becomes solitary and abstracted—communing with himself in an unintelligible jargon. His friends, after some difficulty, extract from him the secret of his malady. He declares that the devil has called him to be a doctor, and has threatened heavy calamities to himself and his people, should he refuse the office. He is then recommended to study the art. With this view he places himself under the tuition of the most celebrated of the craft. During his novitiate, which he continues five or six months, he is never permitted to wash the filth from his body. At the expiration of this period, he returns to his friends, accompanied by his preceptor. The grand test is now to be made of his proficiency in the sublime mysteries of the craft. The head of a dog is cut off, secreted in the jungle, and he is commanded to find it. This great achievement is, however, ushered in by its appropriate solemnities. The instructor and his pupil place themselves in the centre of a circle, formed by a large number of spectators. The devil is invoked, and all the resources of the magic art are employed. On a sudden, the candidate shakes violently, leaps up and down, and is driven by a supernatural impulse to the spot where the dog's head was concealed. He returns in triumph with the trophy, and becomes licensed to trade in all the lying wonders of his profession."

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*Letheon Controversy.*—From the beginning, it has been our determination not to be identified with either side in the letheon controversy, nor to publish any thing which might tend unnecessarily to prolong it, from a feeling of personal friendship towards many of the gentlemen who are warmly engaged in it. But to our extreme regret, we find that an article last week, by Mr. Edward Warren, has given offence. It is no fault of

ours, however, as a reluctant consent was given to its publication, solely on the ground that it was for the purpose of correcting some error, or misapprehension of facts. We never read a word of it till it was in type.

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*Fever in Ireland.*—By the last steamer, the following melancholy intelligence was received in regard to the increase of fever in that stricken land:

It is with great pain, says the Belfast Vindicator, we feel it necessary to announce, in every publication, the rapid progress of typhus fever in this town. It has spread its deadly influence through every ramification of society. The rich and the poor have alike fallen victims to its contagious poison. It is consolatory to know that no exertions are being spared to arrest its onward course. The hospital accommodation is at present so extensive that all the applications for admission can be entertained. Poor creatures will no longer have to subject themselves to the hardship of lying at the hospital gates for hours before they can be received. The number on Friday night, in the hospital and camp tents, was about 1,840. The camp tents are exclusively occupied by convalescent patients. Those who are infected with fever in their own abodes are still very numerous.

At a meeting of the guardians of the Kilkenny Work-house, held on the 24th ult., it was stated that there were 686 fever patients in the hospital connected with the work-house.

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*Incident of the Mexican War.*—A stout, athletic Mexican soldier presented himself for admission, at Bellevue Hospital, N. York, by reason of destitution. He was recently from the theatre of war, and on examination was found to have lost his larynx by a musket ball, received, as we gathered from himself, in the battle of Buena Vista. The larynx and upper portion of the trachea appeared to have been shot away, without wounding the œsophagus or pharynx, his powers of deglutition being extraordinary, judging by the quantity of food he ate, and the rapidity of his indulgence of his appetite. He was speechless, of course, and permanently so. His respiration being performed exclusively through a tube of silver, resembling a canula, inserted into the trachea, below the cicatrix left by the wound, which had entirely healed. He carried in his pocket a duplicate tube, and his own account of his case given by signs, indicated that he had fallen into good hands, the case being highly creditable to Mexican surgery. An amateur in the war might see in this case an example of sharp-shooting, no less creditable to American arms. The larynx was removed "scientifically," and by an operation of a Yankee rifle, which must have been skilfully handled, and would be very difficult of repetition. R.

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*Hospitals of Vera Cruz.*—There are only two hospitals (San Sebastian and Loreto) belonging to the city of Vera Cruz. There was formerly another, denominated the "Military Hospital"—of which now there is no further use, the balance of the sick and wounded Mexicans having been removed by order of our Committee to the San Sebastian (to save expense). These hospitals are properly charity hospitals, and have endowments doing credit to the city. The Loreto is intended for women, and the San Sebastian for men—the first has been continued in its former establishment, the second, from the injury received during the bombardment, had to seek



other and private quarters, and at an expense of \$300 monthly. The Committee (with the consent of the Council) has ordered this hospital to be removed to the ancient military hospital of San Carlos, where there is much more room and many conveniences, in comparison with the present confined, crowded and badly-ventilated quarters; this increased space and more comfortable accommodation is daily more in demand from the advancing season of sickness, and an increased population. The support of these establishments is derived from two sources—first, real estates, whose revenues are \$1300 monthly; and secondly, the duty imposed on each package of merchandize introduced into the port, or as much of it as the Council may deem advisable so to appropriate.

*Tincture of Iodine in Obstinate Intermittent Fevers.*—Dr. Seguin, of Alby, in a short paper, in the *Journal des Connaissances Médicales pratiques*, December, 1846, states that he has found the tincture of iodine a very valuable and effectual remedy in cases of intermittent fever, which have resisted quinine and other antiperiodics. It is not equally effectual, he says, in recent cases. He gives it in doses of 30 drops in a little sweetened water, in three doses during the apyrexia, and gradually increases the dose to 40, 50, and even 60 drops.—*American Journal of Med. Sciences.*

*Medical Miscellany.*—There are at present 1,278 prisoners in the county Cork (Ireland) jail, crowded together, several of them being in fever—223 of whom are to be removed to Kanturk sessions for trial.—No less than eighteen gallons of whiskey and twelve dozen of wine were required for the Kilkenny hospital for one week.—Two million nine hundred thousand persons are said to be receiving rations, at the public expense, under the out-door relief system, now in operation in Ireland.—Dr. Pendergrast, the alleged murderer of Mr. Buchanan, an instructor in Kentucky, had not been arrested at the latest advices.—A Dr. Draper, lecturing on temperance, was arrested at Washington, as a deserter from the army. On examination by an army surgeon, he received a free discharge, on account of physical inability.—A gentleman has given \$1000 towards the hospital fund at Pittsburgh, Penn.—The father of a bastard child, in Ohio Co., Virg., brought before a court of justice, was 110 years of age!—It is intimated in the *London Lancet* that the *British and Foreign Medical Review* is about to be discontinued.

TO CORRESPONDENTS.—Dr. Hosack's report of cases, Dr. Castle's paper on the use of Amalgams, and Justice's remarks on Dislocations, will receive early attention.

DIED.—At Dover, N. H., Dr. Ezra Green, aged 101 years and 28 days, a graduate of Harvard University in 1765. He was a surgeon in the revolution, being on board of the *Ranger* of 18 guns.—In Rochester, N. Y., Dr. Thomas Scott Avery. A correspondent writes:—“On Wednesday, 14th, he drank, during the day, fifteen tumblers of ice water—was taken sick in the night following, and died at 7 o'clock, A. M., on the 19th.

*Report of Deaths in Boston*—for the week ending July 31st, 79.—Males, 50—females, 29.—Stillborn, 2. Of consumption, 10—typhus fever, 9—scarlet fever, 2—dropsy on the brain, 4—disease of the bowels, 16—disease of the liver, 1—teething, 3—infantile, 9—dropsy, 4—smallpox, 1—croup, 2—marasmus, 4—apoplexy, 1—debility, 2—convulsions, 2—disease of the heart, 2—dysentery, 1—cramp, 1—tumor, 1—dropsy on the chest, 1—bilious colic, 1—accidental, 1—canker, 1.

Under 5 years, 42—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 7—over 60 years, 5.

**Professor Herrick.**—Our colleague, who, as our readers are aware, has been, during the past year, serving as surgeon in the army in Mexico, has returned to his post at home, and will hereafter devote himself to the practice of his profession in Chicago, to his labors as co-editor of the Journal, and to his duties as professor of anatomy in Rush Medical College. As he has seen much service in his department while absent, having been principal acting surgeon at the bloody conflict of Buena Vista, our readers have a right to expect, and we doubt not will shortly receive, a full account of all that is of interest pertaining to the profession, that came under his observation.—*Ill. and Ind. Med. and Surg. Jour.*

**University of Giessen.**—The University of Giessen has promulgated some new regulations concerning the conferring of degrees in medicine, and the education required for them, and which are very liberal in their character. Among other peculiar points, candidates for medical degrees may study wherever they please and may think best. The only guarantee of a proper education, reserved to itself by the government, exists in the examinations which candidates are required to pass in order to be qualified to practise, and these examinations are to be public. The first examination is to be in the natural sciences, and to consist of two parts, oral and written. The second examination is in medicine, theoretical and practical, and is divided into five parts. A thesis is to be written in German, and also defended in that language. At all the examinations the chancellor of the university and a royal commissioner are required to assist.—*London Lancet.*

#### BERKSHIRE MEDICAL COLLEGE.

The annual course of Lectures will commence on the first Thursday (5th) of August next, and continue fourteen weeks.

##### FACULTY OF MEDICINE.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine, and Obstetrics.  
ALONZO CLARK, M.D., Prof. of General and Special Pathology.  
GILMAN KIMBALL, M.D., Prof. of the Principles and Practice of Surgery.  
CHESTER DEWEY, M.D., Prof. of Chemistry, Botany and Natural Philosophy.  
BENJ. E. PALMER, M.D., Prof. of Anatomy and Physiology.  
ASNER H. BROWN, M.D., Prof. of Materia Medica and Medical Jurisprudence.  
TIMOTHY CHILDS, M.D., Demonstrator of Anatomy.

The advantages of the Berkshire Medical Institution for imparting a full and thorough medical education, are certainly not inferior to any of the Medical Colleges of the country.

The Institution possesses ample facilities for the illustration of the Lectures in the several branches.

The last Class exceeded in number that of any previous session. The number of Students in attendance was 150, and the number of Graduates at the close of the session 33.

Students who propose attending the course of Lectures, will find it advantageous to spend a few weeks in the Reading Term, previous to the opening of the Session, to which they will be admitted gratuitously.

**Fees.**—Fee for all the courses of Lectures, \$50; fee for those who have already attended two full courses at Incorporated Medical Schools, \$10; Matriculation ticket, \$3; Students who have attended two courses at this Institution, will be required to pay only the Matriculation fee; Graduation fee, \$13; Library fee, \$1.

June 16—Step

H. H. CHILDS, President.

#### RHODE ISLAND MEDICAL SCHOOL.

THE undersigned are associated for the purpose of giving instruction in the various branches of medical science—viz.:

Theory and Practice of Medicine and Obstetrics, by JOSEPH MAURAN, M.D.  
Clinical Surgery, LEWIS L. MILLER, M.D.  
Principles and Practice of Surgery, HENRY W. RIVERS, M.D.  
Chemistry and Toxicology, THOMAS F. SHEPARD, M.D.  
Anatomy and Physiology, GEORGE L. COLLINS, M.D.  
Materia Medica and Pharmacy, GEORGE THURBER.

Lectures or examinations will be had daily.

Students will have access to a good medical library, a cabinet of anatomical preparations and plates, and will have abundant opportunities of seeing practice.

Ample opportunities will be afforded for pursuing practically the study of anatomy.

Chemistry and Pharmacy will be taught practically, and Materia Medica illustrated by specimens.

For further information, application can be made personally, or by letter, to

July 28—eop

G. L. COLLINS, Secretary,  
No. 48 South Main Street.

Providence, July 12, 1847.